

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6510

State File No. _____

1940 MAR 14 1941
Registration District No. _____

Primary Registration District No. 5226

Registrar's No. 2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Garden City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Four miles south & west of G.C. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community seventy years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Garden City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Miriam Jane Ritter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Sanford Ritter

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased November 3 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 3 24 _____ hr. _____ min.

9. Birthplace Bates County, Mo. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Bowlin Rains

13. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Lorton

15. Birthplace Unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Sanford Ritter

(b) Address Garden City, Missouri

17. (a) Burial (b) Date thereof Mar. 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Austin Cemetery

18. (a) Signature of funeral director Ruth Kaufman

(b) Address Garden City, Missouri

19. (a) Mar. 10, 1941 (b) Nellie M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Feb day 27
year 1941 hour 4 minute 30p M.

21. I hereby certify that I attended the deceased from Death
1 1940 to Feb 27 1941
that I last saw her alive on Feb 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to chronic interstitial nephritis

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: no

Of operations _____

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

157 no no
(Specify type of place) (e) Means of injury

23. Signature D. W. Griffith (M. D. or other)
Address Garden City, Mo

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. 4

working under my personal supervision.

Signed

Ruth Kauffman

Licensed Embalmer No. 4001

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.